

CASE MANAGEMENT AUDIT

Inmate Name:	ODOC#:
--------------	--------

Facility:	Case Manager:	Security Level:
-----------	---------------	-----------------

Auditor Name:	Date of Audit:
---------------	----------------

Audit Type: CUSTODY ASSESSMENT <input type="checkbox"/>
--

Question #1: Are CHRONOLOGICAL ENTRIES completed monthly as required, to include inmate contact? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Comments:

Question #2: Is the required content included in each CHRONOLOGICAL ENTRY, to include referrals to programs, participation in programs and completion of programs? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Comments:

Question #3: Is the INMATE PROFILE FORM completed accurately? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Comments:

Question #4: Are ADJUSTMENT REVIEWS completed timely? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Comments:

Question #5: By using the OFFENSE SEVERITY SCALE, is the most recent serious current charge/ conviction, including any CC, CS, rebill cases and detainers/warrants, accurately assessed and points awarded? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Comments:

Question #6: By considering the stipulated time period, is the most serious ESCAPE or ATTEMPTED ESCAPE correctly assessed? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Comments:

Question #7: Is the NUMBER of ACTIVE DISCIPLINARY CONVICTIONS scored and recorded? (CUSTODY ASSESSMENT ONLY) YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Comments:

Question #8: By considering the stipulated time periods, have the correct points for the inmate's DISCIPLINARY HISTORY or MOST SERIOUS DISCIPLINARY CONVICTION been assessed? (INITIAL and CUSTODY ASSESSMENT)

YES NO NA

Comments:

Question #9: Has the correct points been awarded for the inmate's ASSIGNED PROGRAM PARTICIPATION? (CUSTODY ASSESSMENT ONLY)

YES NO NA

Comments:

Question #10: Has the appropriate points been awarded for the inmate's ADJUSTMENT? (CUSTODY ASSESSMENT ONLY)

YES NO NA

Comments:

Question #11: Are points accurately awarded for the INMATE'S AGE?

YES NO NA

Comments:

Question #12: Has all DISCRETIONARY OVERRIDES been identified?

YES NO NA

Comments:

Question #13: Has all MANDATORY OVERRIDES been identified?

YES NO NA

Comments:

Question #14: Is the RECOMMENDED CUSTODY LEVEL appropriate and are the comments completed, if needed?

YES NO NA

Comments:

Question #15: Has the inmate's TRANSFER PACKET, to include GPS packet, been completed and submitted in a timely manner?

YES NO NA

Comments:

Question #16: Does the CASE PLAN reflect the inmate's assessed needs and is it being followed?

YES NO NA

Comments:

Question #17: Has the custody assessment been completed annually as required (unless circumstances dictate an earlier review)?

YES NO NA

Community:	Minimum:	Medium:	Maximum
Corrective Action:			

Question #18: Has pre-release planning been addressed in accordance with OP-060901 entitled "Pre-Release Planning"? <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/></p>
Comments: